

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | | |
|--|--|---|--|
| PLAINTIFF United States of America | | COURT CASE NUMBER 05-10-SLR | |
| DEFENDANT Josef Murphy | | TYPE OF PROCESS PUBLICATION | |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN The News Journal | | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 950 Basin Road, New Castle, Delaware 19720 | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 | |
| Douglas E. McCann, AUSA 1007 Orange Street, Suite 700 P.O. Box 2046 Wilmington, Delaware 19899-2046 | | Number of parties to be served in this case | |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

CATS ID 05-FBI-000723, 000713, 000717, 000721, 000722, 001291. Please publish ONE time. If it makes a difference, take the publication cost out of 001291 - the other assets will be returned to victims.

| | | | |
|---|---|---------------------------------------|-----------------|
| Signature of Attorney other Originator requesting service on behalf of: <i>Douglas E. McCann</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 302-573-6277 x168 | DATE 8/30/05 |
|---|---|---------------------------------------|-----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date 9-19-05 |
| | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy <i>Ramon W. Welford</i> |

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
| | | | | | \$0.00 |

REMARKS:

Notice published in the News Journal on: September 9, 2005 as evidenced by the attached Certificate of Publication

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED